



Home & Community Service

www.massgrange.org/home-community-service

HEARING AID REIMBURSEMENT APPLICATION

(please print)

Name _____

Address _____

Telephone Number _____

E-mail address _____

Subordinate/Junior Grange _____

Hearing Aid Cost _____

(A copy of the invoice along with a copy of the proof of payment must be submitted with the application)

Insurance

Reimbursement _____

(Was any payment made by insurance to cover the cost of the Hearing Aid and if so the amount of the payment)

Has the applicant received a previous reimbursement for a Hearing Aid? If so, what was the date of reimbursement _____

All applications must be received **no later than August 15** to

Susan LaFleur
691 Marys Pond Road
Rochester, MA 02770